

Plan of Correction

Program Name: Northern State University	Date Submitted: 12/29/2020	Date Due: 01/29/2021
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Administrative POC-1	
Rule #: 67:61: 05:01	<p>Rule Statement: Tuberculin screening requirements. Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> (1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test; (2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease; (3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and (4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.
<p>Area of Noncompliance: The policy and procedure manual does not reflect requirements three and four as outlined above.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Policy and procedure manual will include: Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Mycobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 1/22/2021</p>

to confirm the presence or absence of tuberculosis; and Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.	
Supporting Evidence: <input type="checkbox"/> Attached is updated policy and procedure manual updated 1/22/2021	Person Responsible: Erin Olson
How Maintained: <input type="checkbox"/> Will continue to be updated and has been added to manual.	Board Notified: Y <input type="checkbox"/> N x n/a <input type="checkbox"/>

Program Director Signature: Erin Olson <input type="checkbox"/>	Date: 1/22/2021
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Send Plan of Correction to:

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